

THE JOURNEY HOME

GROWING A HOME HEMODIALYSIS PROGRAM UTILIZING A CHAMPION APPROACH WHILE FOSTERING RELATIONSHIPS AMONGST DISCIPLINES.
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Home Hemodialysis
 FREEDOM & FLEXIBILITY

INTRODUCTION

HOME HEMODIALYSIS AT PRHC

Home Hemodialysis (HHD) launched nearly 10 years ago at PRHC.

For many years, our volume of HHD patients remained relatively static, with an average of about 12 patients on HHD at any given time. This was largely due to internal processes and other factors affecting the program, for example: transplantation, modality transfer and staffing.

In December 2017, a visit from the Ontario Renal Network (ORN) shed some light on how we might set and achieve new targets. Following this visit, we developed and implemented a strategic plan that has led us to not only achieve the expected targets, but exceed them significantly.

As part of our review of the HHD program, we identified that staff working with different patient modalities had, over time, become narrowly focused on their own work and were no longer functioning as a cohesive unit. We realized that these relationships have a significant effect on program growth.

Understanding that HHD leads to better outcomes for patient health, we saw an opportunity to make a difference for both our patients and our staff. With a focus on establishing positive working relationships within our team, we developed a renewed vision of excellence to strive for.



GETTING STARTED

- Research to enrich awareness of and gain insight into the importance of constructive professional relationships, and how to establish a healthy workplace culture
- Root cause analysis of the current state of staff relationships and the general state of staff HHD knowledge
- Development of a Home Hemodialysis Champion Program

METHOD FOR DETERMINING OUR CURRENT STATE

WE BROKE OUR ANALYSIS INTO TWO QUESTIONS:

1. WHAT DO STAFF KNOW ABOUT HHD?

We asked our staff five questions about their HHD knowledge. They were asked to rank their answers on a scale of 0-10, 0 being "no knowledge" and 10 being "expert knowledge."

QUESTIONS:

- 1 General Knowledge of HHD
- 2 Comfort Level Discussing HHD with patients
- 3 Awareness and ability to use resources available
- 4 Familiarity and comfort level discussing HHD equipment
- 5 Understanding of the benefits of HHD



2. HOW DO STAFF FEEL ABOUT WORKING RELATIONSHIPS?

We asked staff to rank how well they feel they function within "the team" on the following 7 traits (adapted from the Workplace Assessment Tool).



BUILDING OUR CHAMPION PROGRAM

ONCE WE IDENTIFIED OUR CHAMPIONS, WE ARMED THEM WITH SOME TOOLS:

- All champions had 1:1 education from HHD nurses
- We emphasized to staff that they have the ability to impact each patient's journey
- We provided HHD "fast fact" name badges. Champions now wear these along with their staff ID badge, giving them a quick-reference guide when having discussions with patients
- HHD brochures: A refreshed tool to provide patients with facts about HHD, and staff with a guide to remember key information and start conversations with patients and family members
- HHD t-shirts and uniforms: A way to visually identify our champions to other staff, and initiate conversations with patients and family members. The t-shirts also highlight the HHD program across the organization, raising corporate awareness

WE LEVERAGED THE GEOGRAPHIC LOCATION OF OUR TRANSITION UNIT:

- This allowed patients in the transition unit, which is in close proximity to the HHD unit, to observe real-time mentorship from current patients training for HHD
- We continued invite in-centre patients to visit us at "camp" as a trial for training
- Visits from patients who are already at home doing HHD treatments are a testimony to their success and well-being. These visits are inspiring for those patients who are either in training or considering HHD.
- Begin access training

PUT OUT THE CALL

WE SENT A GLOBALLY INCLUSIVE EXPRESSION OF INTEREST TO MEMBERS OF ALL DISCIPLINES:

- Nurses
- Social workers
- Dietitians
- Pharmacists
- Clerical staff
- Dialysis assistants
- Physicians
- Technologists
- Volunteers



MEASURING OUR SUCCESS

OUR SUCCESS CAN BEST BE DEMONSTRATED BY MARRYING THE QUALITATIVE AND QUANTITATIVE DATA COLLECTED.

HOW MUCH DID OUR PROGRAM GROW?

In October 2017, we had 11-12 patients.

From 2018 to July 2019, we had 19 - 20 HHD patients, an increase of 50 - 55%.



PROJECTED GROWTH

By December 31, 2019 we expect to have between 24 and 28 HHD patients enrolled.

This is an increase of 100 - 110% from our previous HHD population of 12 patients.

PURPOSE, GOALS & OBJECTIVES

- 1 Renew and nurture interprofessional relationships
 - Enhance communication between team members
 - Break down barriers that have formed over time
 - Empower colleagues through knowledge-sharing
 - Deliver personalized education sessions
- 2 Increase census of HHD patients enrolled in the program

HOW DO OUR PATIENTS FEEL?

- "One small step at a time will take you home"
- "Home is the way to go"
- "It's the best thing I have ever done for myself"

HOW DO OUR STAFF FEEL?

- "I am very excited to see what the future holds in store for our Home Hemodialysis Program, our patients and PRHC as a whole"
- "The greatest gift you can give yourself is improved health, independence and choice"
- "It is eye opening to see the impact that more dialysis has on our patients' well-being"

CONCLUSION

- A strong, unified team dynamic is necessary to develop a sense of ownership over quality improvement
- Always challenge the status quo
- Embrace change
- Having the right resources in place is integral to success
- Each member of the team has to believe that together, they can create a positive culture, and an organization-wide culture shift

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has" - Margaret Mead

PATIENT INCLUSION CRITERIA

In order to expand our HHD program, we extended our patient inclusion criteria to include ALL patients that present to the program.

This process change empowered our team to have conversations with patients at an earlier point in their journey.

WE NOW ENROLL:

- MCKC patients
- Transition unit patients
- Transplant clinic patients
- Urgent and acute patients
- Patients previously on peritoneal dialysis
- Current/established in-centre patients

NEXT STEPS

- Continue to recruit champions throughout program areas
- Continue disseminating information and knowledge amongst champions
- Promote open communication throughout the program
- Continue to foster and nurture foundational relationships
- Continue to encourage and support one another to strive for even greater success and excellence as we move forward
- Provide in-services and learning opportunities for new staff as part of their orientation

HOME SWEET HOME

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